

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29	1	1	1	1			79						
30		1		2			80						
31		2		2			81						
32		2		2			82						
33		1		1			83						
34		2		2			84						
35		2		2			85						
36		2		1			86						
37		1		1			87						
38		1		1			88						
39		2		2			89						
40		1		1			90						
41		1		1			91						
42		1	1				92						
43	1		1	1			93						
44		1		2			94						
45		2		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	25		25				TOTAL DEP.						
TOTAL CLAIMS	27		27				TOTAL CLAIMS						